



LEXINGTON

Parks & Recreation

Youth Sport Scholarship Agreement & Application 2021



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INSTRUCTIONS FOR SCHOLARSHIP ELIGIBILITY APPLICATION

Scholarships are based on the income or documentation guidelines below.

Household Size	2021 Income Guidelines for scholarship rate					
	Annual	Monthly	Twice Per Month	Every 2 Weeks	Weekly	
1	23,606	1,968	984	908	454	
2	31,894	2,658	1,329	1,227	614	
3	40,182	3,349	1,675	1,546	773	
4	48,470	4,040	2,020	1,865	933	
5	56,758	4,730	2,365	2,183	1,092	
6	65,046	5,421	2,711	2,502	1,251	
7	73,334	6,112	3,056	2,821	1,411	
For each additional member add:	\$8,288	\$691	\$346	\$319	\$160	

Food Stamp/ K – TAP/Medical Card – If you receive any of this type of assistance please complete the form as instructed and provide the agency with a copy of the document for each child.

Foster Child/Military Verification – Please provide verification of Foster Child status or Military Service verification card to qualify.

All Other Households – If your household income is at or below the amount shown for the size of your household, please fill out the application completely. You will be asked for the following information and must provide a copy of your Federal Income Tax return for the current or prior year. (Please redact/black-out your social security number from your tax return document.)

Household Members – List the names of everyone who lives in your household, include parents, grandparents, all children, other relatives, and unrelated people who live in your household.

Annual Income – List the total income your household receives annually. Also list the income amount (before deductions for taxes, social security, etc.) each person received last annually and where it came from (wages, retirement, welfare, etc.) If you have a household member whose annual income was higher or lower than usual, list that person’s expected average annual income.

Signature – An adult household member must sign the application.

Verification – The information you put on the application may be checked by agency officials at any time during the year.

Reporting Changes – If your situation changes at any time during the year, please contact the agency.

Nondiscrimination – No child shall be discriminated against because of race, sex, color, national origin, religion, age, or disability.

Confidentiality – The information you provide will be treated confidentially and will be used only for eligibility determinations and verification of data.

This Scholarship participation Agreement (“Agreement”) made and effective on _____ (Date), by and between the following individuals:

1. Lexington Fayette Urban County Government



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2. _____

(Organization listed in #2, above will represent "Your Organization" in the sections below)

Lexington Fayette Urban County Government and Your Organization set forth in this written Agreement, the terms and conditions by which they will be governed in this Agreement.

Therefore, in consideration of the promises contained in this Agreement, Lexington Fayette Urban County Government and Your Organization affirm in writing their association as a simple agreement in accordance with the following provisions:

1. Purpose.

The purpose of the Agreement shall be to create, encourage and allow access to Lexington, Kentucky youth who otherwise may not have the financial means or opportunity to participate in youth sports. Financial assistance through the Program is therefore available to assist those players who are not able to afford the total costs associated with playing sports.

2. Term.

Both organizations listed in #1 and #2 above shall commence as of the date of this Agreement and shall continue until terminated as provided herein or the "Season End Date" listed in section 8.

3. Books and Records of Account.

The Scholarship Agreement books and records shall be maintained by the Athletics Recreation Manager at Lexington Fayette Urban County Government. Your Organization shall have access to the books and records at all reasonable times. The Books and Records of Account will consist of: Organization name, address, telephone number, main point of contact, per transaction scholarship amount paid from Lexington Fayette Urban County Government to Your Organization, scholarship participant name, scholarship participant scholarship amount per transaction.

4. No Individual Authority.

Neither organization, acting alone, shall have any authority to act for, or to undertake or assume any obligation, debt, duty or responsibility on behalf of another as expressly provided in this Agreement.

5. No Responsibility for Other's Commitments.

Lexington Fayette Urban County Government and Your Organization shall not be responsible or liable for any personal indebtedness or obligation of any each other incurred either before or after the execution of this Agreement. Lexington Fayette Urban County Government nor Your Organization shall be responsible or liable for any personal indebtedness or obligation of each other incurred either before or after the execution of this Agreement.

6 No Restrictions on Other Activities.

Nothing in this Agreement shall be construed to restrict Lexington Fayette Urban County Government nor Your Organization from engaging in any business activity, even if such activity is competitive with the business in this Agreement.

7. Events of Dissolution.

The Agreement shall be dissolved upon the sole or mutual agreement of the Lexington Fayette Urban County Government or Your Organization to dissolve the Agreement or by the ending of the term.

8. Organization Information.



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Company Name

Address City/State/Zip

Telephone

Season Start Date

Season End Date

Type of Youth Sport

X _____
Signature

Date

Printed Name